

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hookele Care at Home, LLC	CHAPTER 700
Address: 820 Mililani Street, Suite 711, Honolulu, Hawaii 96813	Inspection Date: November 1, 2019 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-2 <u>Definitions.</u> As used in this chapter:</p> <p>“Service plan” means a written plan for home care services developed with input from the supervisor and the client or the client’s representative, or both, and includes recognition of the client’s capabilities and choices. The plan defines the division of responsibility in the implementation of the services to be provided. The service plan also specifies who will be responsible for providing services and when and how often personal care or homemaker services will be provided or arranged.</p> <p><u>FINDINGS</u> Review of current service plan for clients #1 and #2 did not indicate the frequency of services and the appropriate personnel or discipline responsible for providing the services.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><u>Client #1:</u> Yes, the frequency of services and the appropriate personnel was added to the service plan.</p> <p><u>Client #2:</u> Yes, the frequency of services and the appropriate personnel was added to the service plan.</p>	<p>11/4/2019</p> <p>12/17/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-2 <u>Definitions.</u> As used in this chapter:</p> <p>“Service plan” means a written plan for home care services developed with input from the supervisor and the client or the client’s representative, or both, and includes recognition of the client’s capabilities and choices. The plan defines the division of responsibility in the implementation of the services to be provided. The service plan also specifies who will be responsible for providing services and when and how often personal care or homemaker services will be provided or arranged.</p> <p><u>FINDINGS</u> Review of current service plan for clients #1 and #2 did not indicate the frequency of services and the appropriate personnel or discipline responsible for providing the services.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Honolulu's policy on Client Intake, Assessment, and Plan of Care will be distributed to all supervisors who open cases, develop service plans, and/or update service plans. The policy states that the frequency of services and appropriate personnel is to be included at the beginning of the plan of care. To monitor performance, each month we will review new cases that were opened or updated in that month to ensure the frequency of services and appropriate personnel is included in the plan of care. If not, a supervisor will be notified to make the correction.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record.</p> <p>FINDINGS Clients #1 and #2- Service plan was not signed by the supervisor and the client or client's representative.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><u>Client #1</u>: Yes, the service plan has been signed by the supervisor and client.</p> <p><u>Client #2</u>: Yes, the service plan has been signed by the supervisor and client.</p>	<p>11/7/2019</p> <p>12/23/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record.</p> <p><u>FINDINGS</u> Clients #1 and #2- Service plan was not signed by the supervisor and the client or client's representative.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>If the plan of care is completed during the initial visit, the supervisor will sign the plan of care and obtain the client's / client's representative's signature during that visit. If the plan of care is not completed during the initial visit, upon completion it will be signed by the supervisor and sent to the client / client's representative for signature. To monitor performance, each month we will review new cases opened or updated in that month to ensure that the required plan of care signatures were obtained. If signatures aren't present, a supervisor will be notified to make the correction and/or the client / client's representative contacted to obtain their signature.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (d)(4) The home care agency shall:</p> <p>Conduct criminal background checks in accordance with section 321-15.2, HRS, to ensure that all employees and volunteers who provide client care or who supervise staff, including the administrator, do not have a history of criminal conviction, abuse, neglect, threatened harm, or other maltreatment against children or adults bearing a rational relationship to the duties and responsibilities of their position in accordance with state and federal laws, and prudent business practice. Relevant charges include but are not limited to assault, abuse, neglect, or theft;</p> <p><u>FINDINGS</u> Employees #1 and #2- Background checks were completed after date of hire.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>The log was corrected to reflect the actual hire date.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (d)(4) The home care agency shall:</p> <p>Conduct criminal background checks in accordance with section 321-15.2, HRS, to ensure that all employees and volunteers who provide client care or who supervise staff, including the administrator, do not have a history of criminal conviction, abuse, neglect, threatened harm, or other maltreatment against children or adults bearing a rational relationship to the duties and responsibilities of their position in accordance with state and federal laws, and prudent business practice. Relevant charges include but are not limited to assault, abuse, neglect, or theft;</p> <p><u>FINDINGS</u> Employees #1 and #2- Background checks were completed after date of hire.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All offers for caregiver employment are contingent upon successful completion of background checks. The hire date will be the date the employee attends new hire orientation. Employees attend new hire orientation after successful completion of background checks.</p>	

DIVISION OF LICENSING
 STATE OF HAWAII
 20 JAN - 2018
 8:13 PM

Licensee's/Administrator's Signature: An Fernandez

Print Name: Tanya Fernandes

Date: 12/30/2019

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
STAMP - 12/30/2019

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